

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: CA-601 - San Diego CoC

1A-2 Collaborative Applicant Name: County of San Diego

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

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1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Semi-Annually

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Outreach, Advisor, Organizational employee, Community Advocate
Select all that apply.

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

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1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Steering Group / Governance Board	Acts as Governing Body charged by RCCC with tasks such as: regional planning, appointing liaisons to community stakeholders: HUD, VA, housing authorities, ESG and CDBG jurisdictions. Forms the governance infrastructure; assesses system and project performance, provides technical assistance, Mentors agencies to ensure project success. Recommends actions to the full body; monitors progress of Action Plan Teams to achieve goals; updates standard procedures; ensures regulatory compliance, prepares applications. The group develops strategies to reinforce policies and decisions made by RCCC. Reviews project performance. Members represent each special-needs group, sub-region, national organizations; consumers or formerly homeless persons.	Monthly	Names & Affiliations attached: Formerly Homeless; Housing Authorities; HMIS Lead, HHSA, Faith Center; University; ESG Recipients, providers (Veteran, HIV, Domestic Violence, Substance abuse, Mental Illness, Chronic, Youth, housing and health).

1C-1.2	Evaluation / Rating and Review / Scoring	Monitors, evaluates and recommends improvements to enhance performance. Reviews federal, state, and local funding plans; creates standardized tools to collect objective data for project evaluation. Reviews project eligibility and capacity; regulatory compliance; reporting including APR, QPR, CAPER; programmatic monitoring; financial accountability and fiscal practices including A133 audits; leverage, match, and costs; HMIS use and data quality. Evaluates provider experience, service delivery design and project readiness. Recommends CoC project priorities based on needs identified in local planning. Notifies CoC stakeholders of funding opportunities and the public about performance reviews and best practices.	Monthly	Names attached. Service organizations, housing authority, ESG recipients, local government, private funders, HMIS, consultants.
1C-1.3	Data / Data Governance Committee	Analyzes data/ reports on population characteristics and needs. Works with HMIS Lead and CoC providers to assure data quality. Assesses HMIS system resources. Coordinates with Strategic Planning Liaisons. Provides data to support regional planning. Recommends policy. Assures compliance with HUD Data Standards and CoC policies. Ensures timely completion of reports. Assists in management of the agreement with HMIS Lead. Implements the HMIS Action Plan, supports HMIS lead in coordination with external data systems.	Monthly	Names attached: Members include HMIS Users from contributing software systems, large and small user organizations, technical assistants; mainstream government; collaborative applicant; legal aid, Steering Committee liaison, and HMIS lead.
1C-1.4	Action Plan/ Coordination / Sustainability Work Groups	Develops and coordinates implementation of CoC Action Plans (including Collaborative Assessment) by the responsible entities. Strengthens CoC Capacity, fosters private funds to sustain needed infrastructure and planning.	Monthly	Names attached: Philanthropy, private business, Housing Authority, Service Providers, Community Advocate, Attorneys, Government, Collaborative Applicant.
1C-1.5	Liaisons / Joint Committee	Cross- sector communication group and liaisons to other homelessness planning efforts in the CoC Region such as Downtown Leadership, HomeAgain Chronic Homelessness, Alliance for Regional Solutions, AB109 Planning group, etc. Works with HUD Technical assistance on the USICH Initiative	Quarterly	Names and affiliations attached. Liaisons to various stakeholder groups (business, philanthropy, service providers, housing authorities, mainstream resources, housing developers, other federal assistance programs VA, etc.

**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.
(limit 750 characters)**

Meetings are widely announced and open to the public. The RCCC is a true collaboration bringing together diverse sectors with variety of viewpoints and opinions. Recent success includes convening a Joint Committee inviting leaders from each majority stakeholder group from across our expansive geographic area to participate in all aspects of the RCCC including creating governance charter, project evaluation measures, work groups and systems mapping. RCCC seeks and most often achieves 80% consensus of all parties present. RCCC liaisons meet with other organized groups monthly. Subgroups include a cross section of groups. Board seats include law, health, workforce, business, private, housing, education and service sectors. Rosters attached.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

RCCC sets priorities and approves tools created by Rating and Review Committee to quantitatively evaluate project performance using HUD standards and local priorities. Ranking is heavily weighted on APR performance and relies on objective data as detailed in Evaluation and Scoring Tool Instructions (attached and online). Additional criteria include fiscal audits, leverage, CoC participation, HMIS reports. A Scoring Committee scores and rank orders projects based on points derived from tools. The ranking is approved by RCCC and posted online. A statistical "S" curve allocates funds by rank and score and is posted online to assure transparency.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

The evaluation tool utilizes recent APR and HMIS data to determine effectiveness in rapid returns to permanent housing. Indicators specific to component type (PSH, TH, SH, SSO) include housing exit and stability, employment rates, cash/noncash income, and bed utilization. Other elements are fiscal accountability, timely report submission, local participation, voluntary reallocation, data quality, and leverage. A 100-point scale has 47 points for housing, income, and mainstream resource outcomes. Addressing severity of barriers, projects serving chronically homeless and/or veterans receive bonus points. Projects are ranked numerically according to percentage of possible points earned. Each project is assigned a rating of high, medium, low and failing. The objective process rewards high performing projects with funding and eliminates funding for those failing. Calculated funding reductions or eliminations are made to moderate and low scoring projects. Projects with significant performance or quality concerns create a performance/quality improvement plan for targeted technical assistance.

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)**

The CoC solicitation process is open to all HUD-eligible entities regardless of prior funding history. The CoC issues a public call for proposals that is distributed widely on several electronic list serves with specific outreach to interested groups. The call for proposals is published on the RCCC website and in local printed media. Technical assistance is offered and encouraged to entities who may not be familiar with HUD or CoC funding. The RCCC Facilitator, RCCC Consultant and Collaborative Applicant provide outreach, information and assistance to entities not familiar with CoC funds. Further, the RCCC actively outreaches to new members and new providers introducing entities to the RCCC, meetings, funding opportunities and CoC engagement opportunities.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/17/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted? 01/17/2014

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

**1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)**

No changes were made to the GIW without HUD approval. HUD Field Office and CoC GIW match.

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? Yes

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

Local project review includes an appeals process. One appeal completed the full appeals process to Steering Committee who reviewed rules and priorities, and was resolved on 12.3.2013. Although not a complaint, one person emailed multiple times with concerns, including disagreement with the outcomes of the CoC process which he described as due to a blunted point system resulting difficulty determining differences in project performance. RCCC response noted that the evaluation used objective data and scoring metrics approved by RCCC and the person was present and voted in virtually all decisions which reached 80% consensus in a community process.

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

CoC mechanisms are in place to ensure that its HMIS complies with the interim rule and conforms with the 2004 & 2010 HMIS standards. HMIS Lead is responsible for compliance review; completed 3 compliance reviews for HMIS Vendors in 2013. As a Priority Community RCCC received an HMIS Assessment. Recommendations from the Assessment have been fully implemented which include: single system data integration, Security, Privacy, and Data Quality Plans. The CoC, HMIS, and Collaborative Applicant are updated the MOU as noted in the PC report. The CoC's Data Governance Committee (DGC) was actively engaged during the assessment, recommendation, and implementation phases of the process. The CoC, through the DGC, ensures the HMIS Lead administers the HMIS is in compliance with rules and standards set by HUD by actively monitoring its performance. The DGC participates in decision-making. It supports coordination of activities across agencies disseminating information about the HMIS. It recommends rewards/sanctions for agency compliance and coordinates with other CoC subcommittees to ensure consistency in HMIS planning, policies, and implementation strategies. DGC By-Laws are attached.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.

Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

On September 3, 2013, the HMIS Lead presented drafted policies to the Data Governance Committee (DGC) for review. The DGC reviewed and worked with the HMIS Lead to finalize recommended policies that were brought before the CoC's Steering Committee for approval on November 21, 2013. The HMIS Policies and Procedures subsequently were approved by the full CoC body on November 26, 2013. Policies are posted on the HMIS Lead's website. The policies and procedures will be reviewed and updated annually. The San Diego HMIS Policies and Procedures are attached.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? ServicePoint
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5 What is the name of the HMIS vendor? Bowman Systems
Applicant will enter the name of the vendor (e.g., ESG Systems).

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: CA-601 - San Diego CoC
(select all that apply)

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$651,110
ESG	\$17,537
CDBG	\$53,000
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$721,647

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$15,000
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$164,000
Other Federal	\$0
Other Federal - Total Amount	\$179,000

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$55,000
County	\$0
State	\$0
State and Local - Total Amount	\$55,000

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$35,500
Private - Total Amount	\$35,500

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$60,000
Other - Total Amount	\$60,000

2B-3.6 Total Budget for Operating Year	\$1,051,147
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2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed**2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)**

Organization appointed and is subject to capacity and annual performance reviews.

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	76-85%
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	0-50%
* Permanent Supportive Housing (PSH) beds	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Quarterly

**2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)**

Rapid Re-Housing programs have recently been awarded to providers in the CoC and are in the process of starting operations. Currently 5 out of 11 new programs are entering data in the HMIS. Other projects are not yet receiving clients. Program setup and testing is underway. Upon completion, new users will receive training on the HMIS data entry including training on HMIS policies and procedures. Within 12 months, all 11 programs will be operational and entering data into HMIS.

**2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage.
(limit 750 characters)**

Not applicable. The coverage rate for all available housing types exceeded 64%. No RRH beds meeting the instructions for inclusion in the HIC were available at the point of FY 2012 submission.

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	28
Transitional Housing	6
Safe Haven	8
Permanent Supportive Housing	29
Rapid Re-housing	1

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	2%
Date of birth	0%
Ethnicity	1%
Race	1%
Gender	0%
Veteran status	1%
Disabling condition	9%
Residence prior to program entry	11%
Zip Code of last permanent address	4%
Housing status	3%
Head of household	1%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

The HMIS software vendor has elected to automatically update system generated reports to meet changes to federal reporting requirements and standards. For example, the APR was recently updated to meet the new income reporting requirements released by HUD in August. The Sheltered Point-in-Time count and Housing Inventory Count reports are generated from the HMIS system each year. The HMIS has the capability to not only generate HUD required reports but also allows the HMIS Lead to customize reports necessary for local planning and monitoring of programs. The HMIS system is able to generate the ESG, CAPER information necessary for local ESG entitlement jurisdiction reporting. As a result of recent data integration of multiple HMIS software into a single regional HMIS, the 2013 AHAR report was generated using the HMIS software. While the CoC has not participated in PULSE reporting, the HMIS system has the capability to generate this report. The HMIS software vendor has created reports that the CoC will be able to utilize for measuring recidivism rates along with other system-level performance reporting.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Quarterly

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

In accordance with recently approved Data Quality Policies and Procedures, the HMIS Lead runs project-level data quality reports on a quarterly basis. Results are shared with Contributing HMIS Organizations (CHO) and the CoC. When the Data Quality report card reveals problems with data quality, agencies are offered training or technical support. CoC emphasizes the importance of data quality in annual reviews.

The HMIS Lead is implementing the new policies and procedures in collaboration with the DGC. These procedures include the Data Governance Committee (DGC) quarterly review of data quality results and as needed, work with HMIS Lead to ensure CHOs comply with outlined data quality standards. In accordance with newly established procedures, the DGC communicates and shares HMIS participation rates and project-level data completeness status reports with the RCCC Steering Committee and the CoC membership quarterly. Projects failing to meet quarterly thresholds repeatedly will be provided additional training, and if necessary the HMIS Lead will report challenges to the DGC to jointly develop improvement plans.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Quarterly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Annually
* Using data for program management	Annually
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Page 29-32 of the San Diego Regional HMIS Policies and Procedures discuss the Data Collection and Upload Standards. Specifically on page 29 and 30 under Timeliness Standards, CHOs must enter entry and exit data information 3 to 5 business days after client interaction.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/24/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	19%	0%	81%
Transitional Housing	0%	13%	0%	87%
Safe Havens	0%	0%	0%	100%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

Comparing the 2012 Sheltered Point-in-Time (PIT) count to the 2013 Sheltered PIT count, there was an overall slight decrease of 1.5%.

In 2012, the counts were as follows: ES = 1,040, TH = 3,279; SH = 52, totaling = 4,371. In 2013, the counts were as follows: ES = 947, TH = 3,311, SH = 47, totaling = 4,305.

The slight decrease in the emergency shelter count was primarily due to fewer hotel/motel vouchers used on the night of the sheltered count.

The transitional housing count increased in part because of efforts to count unsheltered youth more accurately; therefore focus on discovering Non-CoC funded and Non-HMIS programs targeting transitioned aged youth occurred for the Sheltered Point-in-Time Count. These programs were not counted in the past years.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2H-2 If other, provide a detailed description.
(limit 750 characters)**

Not Applicable

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Survey Providers:

Providers not participating in HMIS were sent an Occupancy Status Form. Providers were asked to submit the required information on total number of clients, beds available, and beds used for the night of the Sheltered PIT count. Forms were reviewed by HMIS staff and providers were followed up with to ensure accuracy. Discrepancies were reconciled prior to finalizing the count

HMIS:

HMIS data was used for all participating emergency shelters, safe havens, and transitional housing providers. In addition, HMIS providers were asked to submit an Occupancy Status Form verifying how many people were housed that night and how beds were available. This information was used to validate the data in HMIS to ensure accuracy. Discrepancies were reconciled prior to finalizing the count.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input type="checkbox"/>
Interviews:	<input type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2I-2 If other, provide a detailed description.
(limit 750 characters)**

Not Applicable

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

HMIS:

HMIS data was used for all participating emergency, safe haven, and transitional housing providers. Data quality reports detailing missing values and incongruity errors were sent to providers. These reports were used to ensure accuracy. Discrepancies were reconciled prior to finalizing the populations and sub populations data.

Non-HMIS client level information:

Providers not participating in HMIS were sent a Populations and Subpopulations assessment and asked to submit the required information those housed that night. After forms were returned, HMIS staff reviewed to consistency and accuracy and followed up with providers to ensure accuracy. Discrepancies were reconciled prior to finalizing the population and subpopulation data.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

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* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2J-2 If other, provide a detailed description. (limit 750 characters)

Not Applicable.

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Training:

Training and instructions given on how to complete all required forms for counting sheltered individuals, and population/subpopulation for Non-HMIS participating providers.

Follow-up:

Notification prior to and reminder the day of the Sheltered PIT in order to maximize the response rate from providers. Providers who failed to meet the deadline of returning required forms, were continuously contacted until all information was collected, verified, and reconciled.

HMIS:

The HMIS Lead generated data quality reports to address incompleteness and incongruity errors. These reports were used to ensure the accuracy of data collected on the night of the sheltered PIT. Manual counts were compared to system counts in order to deduplicate data across programs and aggregate at each program level.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/24/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

There was an 18.9% decrease from 2012 (5,642) to 2013(4,574.) In addition to a decrease in the number of persons, this could be attributed to the following: Improved economy, emphasis on VASH and other PSH placements; better understanding of number of people in tents, hand-built structures, or vehicles (occupancy factor applied to those observed was lower than in prior years -1.5 to 1.8 per survey results, versus 2 previously); increased emphasis on volunteer safety; weather (rain caused homeless persons to seek shelter with friends or in hidden places, volunteers were unable to see well and avoided some wet areas, and some volunteers did not show up to count so some outlying census tracts could not be fully covered due to fewer than expected volunteers; maps from two areas were not returned for analysis).

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews on the night of the count:	<input type="checkbox"/>
Public places count with interviews at a later date:	<input checked="" type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2L-2 If other, provide a detailed description.
(limit 750 characters)**

Not Applicable.

**2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Public places count: Counted from 5AM-8AM to reduce double counting sheltered population. Teams were assigned specific geographic areas based on census tracts to reduce double counting of unsheltered population. Resulting data set included specific location of observed individuals, vehicles and hand-built structures.

Public places count with interviews at a later date: Due the geographic size of the CoC (over 4,000 sq mi) a subset of those counted were interviewed in order to extrapolate sufficient demographic and other information. Interviewees were screened prior to participation in order to reduce duplicate interviews and ensure that those interviewed had been unsheltered and homeless during the PIT. Once all surveys were collected, identifying information was used to de-duplicate data for any unsheltered person interviewed twice.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: Complete Coverage

**2M-2 If other, provide a detailed description.
(limit 750 characters)**

Not Applicable.

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

While compiling the results, HMIS Lead took special care to ensure all tallies and marks were properly counted by reviewing observations on or around a census tract boundary were not double counted.

Also reviewed all surveys in order to deduplicate by removing surveys that were taken multiple times by an individual or surveys where the individual was not eligible to be counted (i.e. was not sleeping in a place not meant for human habitation on the night of the PIT).

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

Training: Trained enumerators to mark all observations on maps, but only to tally those observed within the census tracts being enumerated. Special care was taken during training to ensure observations on or around a census tract boundary were not double counted.

Blitz: Teams of volunteers mobilized to count between 5 AM and 8 AM the morning of the PIT, before those sheltered leave for the day.

Survey Question: Screening questions on the survey included asking if individuals have already taken the survey and verifying where they slept the night of the PIT. A code was used on the survey to ensure de-duplication.

Enumerator: Enumerators recorded observation of individuals, vehicles, and hand-built structures that were supplemented by information gathered through the interview.

Other: Reviewed all maps and surveys.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		1,028	921	878
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	545	213	308	348
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		237	261	443
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		69%	85%	87%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		37	57	69

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.

(limit 1000 characters)

2012 goal included both designated and dedicated beds. Currently 30% of existing PSH stock are chronic dedicated. Chronic dedicated and prioritized beds will increase. Five main strategies and three support mechanisms accomplish the goals: RCCC new Chronic priority policy dedicates 80% of turnover in 13 programs for CH priority (except youth) resulting in 443 beds; Reallocation creates 37 beds; flexible use of current bed inventory to match changes in unmet and target non-CoC resources to chronic (minimum 46 dedicated beds); work with VASH team to increase chronic usage above 65%; employ ESG funds for housing deposits to reduce entry barriers. Use CSH TH assessments to redesign programs to create at least 15 units for PSH; Employ moving-up strategy to match rental assistance Faith Alliance volunteers to support reintegration of CH persons to independent units. Coordinate assessment and use ESG and AB109 for diversion and prevention. 3 cities will leverage NSP, CDBG and MHSA funds. PSH agencies, PHAs, United Way, Faith Alliance, HHSA are key partners.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.

(limit 1000 characters)

The RCCC Governance Board/Steering Committee is the responsible entity for ensuring achievement of PSH goal. The Infrastructure Organization/Lead Agents will provide oversight of 14 CoC grantees and will reach out to non HUD funded PSH, and to MHSA and HHSA providers able to serve CH. HMIS Lead will measure project compliance and assist in tracking. Other stakeholders include Community Corrections Partnership, and the VASH –PHA Regional Team, and United Way /LeSar Development for completion of the 2014 goals in the Plan to End Chronic Homelessness.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	890	969	1028
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	803	882	912
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	90%	91%	92%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

PSH projects in the CoC currently achieve 90% housing stability. This outcome results from matching participants with supports from County MHSA full service partnerships, mainstream benefits navigation, and health and social supports. As RCCC prioritizes PSH vacancies for Chronic and Severely Chronic households maintaining the performance of these projects may require more intensive support or professional contact. Actions include: PSH with outcomes above 90% mentor lower performing; provide technical assistance to identify barriers to success; Educate PSH on best practices; arrange social support by faith based volunteers & case managers, a working group of the PSH experts will pilot and evaluate CACE outcomes for client matching. Track and monitor CH exits from PSH.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The new Infrastructure Organization is responsible for oversight. To address challenges linked to CH usage, 11 funded PSH agency leaders, the Planning Project Director and the Evaluation Committee are charged with monitoring and ensuring progress. A newly constituted long-term Impact Task Group and the Steering/Governance Board will review progress and consult with experts such as CSH to assess and recommend best practices for implementation. Project casemanagers and income and housing navigators will assist clients in access to Wrap benefits and wrap around services, clinical intervention, and support and assist clients existing PSH with placement in alternate housing. CoC Action Committee NIMBYISM assessment and training will help manage Community opposition to higher levels of CH persons in projects. Relationships with neighborhood Interfaith agencies will engage faith based center social and tangible supports for clients. Governance will outreach to Housing Authority, NAMI, and Fair Housing advocates to garner proven stabilization strategies.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC- 5519
 funded projects as reported on APRs
 submitted during the period between October
 1, 2012 and September 30, 2013:

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	16%	20%	24%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	26%	36%	54%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	1095	19.84	%
Unemployment Insurance	94	1.70	%
SSI	619	11.22	%

SSDI	279	5.06	%
Veteran's disability	163	2.95	%
Private disability insurance	1	0.02	%
Worker's compensation	28	0.51	%
TANF or equivalent	474	8.59	%
General Assistance	187	3.39	%
Retirement (Social Security)	163	2.95	%
Veteran's pension	47	0.85	%
Pension from former job	13	0.24	%
Child support	66	1.20	%
Alimony (Spousal support)	8	0.14	%
Other Source	263	4.77	%
No sources	2554	46.28	%

**3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
 (limit 1000 characters)**

AB109 Housing & Income Navigators help 150 clients to acquire and maintain benefits income. Expand SD HOPE (SOAR) in two regions; use 2-1-1 capacity to screen and approve benefits and to provide ACA outreach and education; improve use of Thrive SD information; reduce barriers to access by providing low cost ID; sponsor Project Homeless Connect events in each subregion; advocate for mobile application devices for outreach workers; expand transportation and followup assistance. Engage new HHSA Health services coordinator in information exchange; expand use of eligibility outstations (PATH) and virtual counseling services (HOC), VASH team will assess outcomes from VA intake clinics, and implement changes as needed.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
 (limit 1000 characters)**

The current Employment Subcommittee including a representative from Workforce Partnership, a WIA funded agency, meet regularly and sponsor a "Best Practices" forum/workshop featuring education and employment experts. Technical support is provided at 5 regional Employment Centers through partnerships with WIA-supported services. Successful agencies: Alpha, NCSC, CHW, Second Chance, and SvDPV offer strategies for achieving the benchmark. Partnerships with employers in demand industries and employer networking by organizations offering training: SvDPV, ICS, VVSD, PATH, SC, NCSC; outreach to targeted employers by new Board members and businesses. Provide job coach services at the Depot and other COC project locations

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The Subpopulation/Coordinated Intake Advisory Committee group will be responsible to report to the Governance Board and will work with a new Infrastructure Organization (being selected through competitive process) to respond to Governance Board directives. Projects including employment services and case managers who are assigned to accessing mainstream resources will collaborate and implement directives. Income Navigators for AB 109 will mentor and support clients. SD Hope is expanding into to new SSI offices and offering multiple trainings for social service providers. SD Hope links clients and agencies with SOAR program services to access SSI.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC- 5519
 funded projects as reported on APRs
 submitted during the period between October
 1, 2012 and September 30, 2013.

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	41%	56%	56%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	1427	25.86 %
MEDICAID health insurance	1225	22.20 %
MEDICARE health insurance	313	5.67 %
State children's health insurance	55	1.00 %
WIC	52	0.94 %

VA medical services	445	8.06	%
TANF child care services	38	0.69	%
TANF transportation services	29	0.53	%
Other TANF-funded services	5	0.09	%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	255	4.62	%
Other Source	202	3.66	%
No sources	1107	20.06	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The data reveals that temporary rental assistance and other supports offered by providers are not being captured in HMIS. RCC will educate agencies about rental assistance options and work to ensure HMIS entry so that a true baseline is established. Changes in health care resources provide access to more services for more households. CoC organizations will be certified to assist with assessment, application, and referral to Cal Covered and Cal Care services that are expanded under Affordable Care Act. Clinics are conducting client and agency training. 11 recently approved RRH projects will expand temporary rental assistance.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

The Infrastructure Organization is responsible to work with CBOs, County Health Services, and mainstream resources to increase participation in non-cash benefits. Specific actions include: Expansion of SD HOPE (SOAR), co-located benefit services, on-line E-App registration and training, implementation of Housing and Income Navigator services to 200 persons; and adding assessment, triage and to a seasonal center. Evaluation the use of mainstream services, employment income, and change in income are assessed and consultation agencies in cases where goals are not achieved. Analysis of household demographic characteristics and special needs indicate potential eligibility. Legal Aide attorneys, Public Defenders office, Health & Human Services staff, VA outreach staff, public utilities personnel, and Law Enforcement provide annual training to the CoC regarding program eligibility, rights and responsibilities. CoC Legislative liaisons report changes in programs, services, or regulations.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	10	20
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	13	51	66
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	20	30

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

No RRH were on 2013 HIC. Recently 11 agencies have been awarded funds for Rapid Rehousing (RRH) funds. CA601 currently relies heavily on ESG for RRH. The CoC SDHC RRH project will expand capacity. State ESG, cities of San Diego and Chula Vista, and County ESG now fund 11 RRH projects. 2013 - 14 awards and local sources will increase the number of RRH clients by more than 100%. RRH project combined with shelter resources to outreach to 1,832 persons including nearly 300 families last year. Needs assessment by emergency shelter and outreach services will triage client readiness for RRH and emphasize family placement. 58% of ESG projects in CoC are designed to serve families. ESG prevention anticipates services to another 50 families annually. Other resources in CoC: SSVF, TH, PSH, MHSA, and VASH provide support to special need clients moving to independent housing. RRH projects are located in three subregions. A goal for 2015 is to add RRH capacity in East to create region-wide access.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

Primary responsibility and prioritization for ESG rests with the partnership between housing authorities and the RCCC (SD Housing Commission, County HCD, City Chula Vista). Ten agencies strategically located throughout the CoC are charged with successful implementation of funded projects. The HMIS lead is responsible for data collection and reporting. RCCC Steering and Rating & Review are responsible for tracking and assuring implementation until the new Governance Board, Evaluation Advisory Group, and IO monitoring are fully functional.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

In consultation with ESG areas, the RCCC created and adopted an ESG Manual and Guidebook including cross-jurisdictions policies. A Table of Contents summarizes the detailed content. The manual addresses protocols for determining and prioritizing services to eligible households. The Manual includes expectation for client participation and contributions; client rights; recipient and CoC project monitoring, and other issues such as housing standards. The Guidebook includes policies and procedures for each local ESG area, contains regulatory information using simple handouts such as the Snapshots distributed by HUD that assist providers in planning and implementing programs. During consultation, the RCCC also identified agency standards for operation contained in a separate document. The ESG Manual, the agency standards and sections of the Guidebook are attached.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)**

Many RRH providers also operate other CoC projects. Case management services are offered at varying frequency. Although, case management typically occurs at least monthly, intensive case management may occur at least weekly, and stabilization case management occurs as needed, often quarterly. Most RRH services are initially delivered in person with follow-up contact via phone and eligibility reporting and updates through written communication. Housing Opportunities Collaborative has initiated a 'virtually counseling' through which clients and case managers or eligibility workers meet electronically via video communication technology. Services may be offered at other convenient locations such as assisted housing locations or school outreach or public facilities. RCCC and HMIS leadership are pursuing new data sharing protocols to enhance efficient placement and track recidivism and measure effectiveness of service in programs that operate throughout the region.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)**

Current followup services have limited resources. Potential new strategies for followup include revision of HMIS data-sharing protocols that capitalize on integrated systems and 2-1-1 resource capacity that allow cross-project client level tracking. RRH clients are encouraged to continue contact with CoC providers that offer other supports that may be needed to maintain stable independent housing such as employment or education services, budgeting and tax preparation, food and other tangible needs, or mainstream supports. Data entry of continued contact with clients at various service locations in the CoC and quarterly contact are the current resources available. New Governance Board leaders (HHSA, WIA, health services), the identified Infrastructure organization and Advisory groups tasked with Collaborative Assessment and system evaluation will seek opportunities and best practices to enhance this important aspect of the CoC.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place State Mandated Policy
mandated by the State, the CoC, or other?

3B-1.1a If other, please explain.
(limit 750 characters)

Not applicable

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homelessness and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

State Welfare & Institutions Code 303 protocols for Foster Care assure youth are not discharged into homelessness. In the CoC, a county welfare department social worker helps complete a transition plan which includes securing housing, so that emancipation occurs pursuant to the Code. State law extends foster care services to age 21. Supports are offered to youth to age 24, to provide extended care and guardianship, reunification with social supports, and homelessness prevention. A CoC Liaisons reports monthly on education and legislative issues, such as services to transition-age and foster youth. Steering Group input includes HHSA, Office of Education, and NAEHCY staff. The RCCC has a formal agreement with NAEHCY for a Youth task Force. NAEHCY addresses children and former foster youth needs for education, advocacy and service assistance. School Liaisons link youth at risk to services such as alternative family support; emancipation services; and provides information to the CoC

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

County Child Welfare Services Termination and California Department of Social Services, Independent Living Program Policy Unit permanency planning protocols guide service planning. The County Foster Care discharge planning includes: assessment of dependency case (placement histories and location of siblings in the jurisdiction, and other family members); development of housing plans including referrals to specialty housing and Independent Living Skills programs; financial support plans; educational and vocational plans. Access to health services; legal documents (SSN, birth certificate, state ID; proof of citizenship; residency status; employment; are ensured. The city and the county support re-unification and community-based housing programs for youth leaving foster care. County HHSA, self-sufficiency programs, and youth agency representatives and CoC agencies: SD Youth Services, SVdPV, YWCA, ICS, Office of Education, and Community Resource Center. Legal Aid Society, Casa de Amparo and the CoC Legislative and Strategic Planning Liaisons advocate for appropriate services for Transition Age Youth.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-2.1a If other, please explain.
(limit 750 characters)**

not applicable

**3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

Hospital Association of San Diego and Imperial Counties (HASDIC), United Way, RCCC members deliver best-practice programs for users of emergency or clinic services. Home Again, HASDIC, and Veterans Administration (VA) sponsor projects for non-HUD funded recuperative care and ER discharge options. Presentations of key issues are used to educate and advocate for effective policy implementation by healthcare administrators. Co-location of health services in affordable housing facilities reduce barriers to health access, particularly for medically high-risks groups such as seniors. Homeless persons needing specialty care for alcohol and other drugs are referred to licensed, non-homeless facilities (not listed on HIC). PITC surveys include Vulnerability Index data fields to identify persons at high risk so that information or referral to health maintenance, recuperative or residential care settings can be offered. Project 25 offers alternate discharge options for 12 health care facilities.

**3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

CoC Legislative Liaisons provide input to state and local policies addressing needs of homeless persons. State Health and Safety Code 1262 requires hospitals to plan patient discharge. Hospital staff develop discharge plans; use CoC professionals to deliver services; assess necessary care; educate patients services; assure access to necessary medical information; provide services as needed to plan after care and ensure delivery upon discharge. CoC members responsible for implementation include: SVdPV, UW, City Medical Director, Sheriff outreach and HOT (frequent users); PATH & Family Health Centers (co-location health and housing); CSH, County BHS and CRF (full service partners); Probation and DA (ex-offenders); SoBay CS, YWCA, CRC (domestic violence); VA, ICS VVSD, and Catalyst (veterans). 2-1-1 manages phone referrals; HHSA subregional coordination Affordable Care Act.

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3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-3.1a If other, please explain.
(limit 750 characters)**

not applicable

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

State Health & Safety Code 1262 ensure public facilities plan for basic medical care; medications; mental health services; social supports; and housing. Mental Health Services Act (MHSA) supports housing and wrap around services. County Behavioral Health, the Corporation for Supportive Housing, RCCC Legislative liaisons, Legal Aid Society are community advocates. County Policy 01-06-117 addresses special needs and discharge protocol and HHSA- 860 includes housing. A "Network of Care" serves clients in multiple languages. Early- intervention beds and locally funded Full-Service Partnerships, NAMI, and RCCC advocates help to assure that services match client need. United Way fund Project 25 for frequent users. Program priorities serve homeless persons who are frequent users of mental health and institutional services. Persons who have a combination of mental health issues are served in recuperative care. Assertive Care Treatment programs, residential treatment programs, and crisis intervention services link persons with mental health issues to alternate resources

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

County Behavioral Health, Mental Health Services Act full service partnerships; & probation staff assist with exits from public programs; St Vincent de Paul, hospital administrators, and public emergency services, case managers in CBOs manage Project 25 for frequent users exiting mental health and institutional services. Hospital Association Liaison assists with policy. Veteran's Administration caseworkers; crisis residential discharge planners assist eligible clients exiting their facilities.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy
mandated by the State, the CoC, or other?

3B-4.1a If other, please explain.
(limit 750 characters)

The local discharge policies are a combination of State policy, court mandate, and CoC adopted policy.

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

CoC and Community Corrections Partnership (CCP) discharge planning for housing AB109 clients included the Collaborative Applicant, RCCC Facilitator, Housing Authority, Probation, Parole, District Attorney, County Behavioral Health, and Corporation for Supportive Housing. The CoC system features full centralized intake collaborative assessment for level of risk, mental health and substance abuse needs and housing needs. The re-entry system offers early intervention at CTC, refers and places at risk clients into licensed treatment centers, sober living, affordable housing, or private housing based on assessment. AB109 funds beds and housing and income navigator services throughout the CoC region to assure stability.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

State Department of Corrections (CDC), Parole and Community Services Division (P&CSD) Mental Health Services Continuum Program (MHSC) workers are responsible for parolee discharge plans for those who need community treatment and transitional resources. County Probation, HHSA Behavioral Health, Sheriff designate staff as homeless liaisons and mental health specialists., An Americans with Disabilities Coordinator assists with discharge plans for inmates who have received health or mental health services while in custody. The Mental Health Psychiatric Security Units of the jail (licensed by the State Dept. of Mental Health) operate under the state level discharge plan. Project 25, Second Chance, and Downtown Faith Alliance, in-reach into the jails for persons who were homeless at entry and have a history of frequent use of emergency services. The Community Corrections Partnership and the AB109 Housing Project work group plan includes Point in Time, HMIS, and Probation reports to collect and evaluate system success.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

CoC has multiple Consolidated Plan areas. RCCC goals mirror the County (collaborative applicant) plan objective 5 to reduce homelessness and DH2.2 for RRH. The RCCC also shares City goals: Support efforts to develop/complete the CoC system for CH; support nonprofit agencies to operate to assure access to services; provide housing assistance to benefit special needs populations; collaborate with government agencies to provide services; ensure transition from the streets to permanent housing. Help individuals stabilize in permanent housing after experiencing homelessness. Resources include: SHP, Shelter Plus, ESG, ARRA, Mental Health Services Act, Section 8, VASH and NSP. The CoC provides input into local plans and each SHP project is reviewed annually for consistency. City and County housing departments dedicate personnel to ensure coordination and effective use of resources.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

Local ESG Entitlement area representatives and CoC meet monthly as members of RCCC Steering Group. RCCC and ESG Leaders also meet to discuss leveraging and use of ESG funds, access service levels and community needs, and review outcomes. Consultation priorities and targets funds. In 2013, ESG & RCC adopted an ESG Program Manual, developed cross-jurisdiction policies and HMIS support standards. RCCC-ESG agencies are included in the annual performance review. Coordination of ESG, CoC, NSP, HOME, VA, and local funds enable homelessness prevention and rapid exit to permanent housing for veterans, families, housing for disabled persons including HIV, outreach and day services, and prevention activities. RCCC and State reps met twice. RCCC reviews the State plan, sets local priorities for use of State ESG, reviews, scores and ranks local projects, and submits priorities to State HCD then who funded four projects. CoC provides data and support to non-entitlement areas for Consolidated plans.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

There are four ESG areas in CA601: County of San Diego, Cities of San Diego and Chula Vista; and State are 10 eligible cities). ESG fund distribution differs in each. County allocations include 29.4% for RRH and 4.25 % for prevention; cities use 40% for RRH and 5% for prevention; State resources support 3 projects and has a 30% set aside for rapid rehousing in 2013. RRH projects awards total 57 % of County ESG 2013-14 funds. A dozen recipient projects provided an array of ESG services: Outreach, Intake and Access; Shelter; RRH; Prevention; and rental assistance. Funded agencies also use emergency shelter as entry points to move families to PSH or NSP created homes, or return them to independent housing.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

The RCCC Mission of ending homelessness takes prevention, rapid re-housing, access to affordable units, and system coordination. State and Local ESG fund 11 prevention, emergency, and RRH efforts for chronic, veteran, and families. Goals 5, 6 & 9 of the County Consolidated Plan provide rental assistance to special needs groups (including homeless, HIV); support housing and reunification programs. Multiple ConPlans link ESG, CDBG, or public funds to leverage homeless services. CoC and cities initiated efforts in 3 subregions. 15 cities support the best practices in the Keys Toolbox. 100 day & Vet campaigns, Blitz week, CTC, NAEHCY, and Project 25 are innovative responses. CoC policy affirms access to fair housing, works with SDHC and HCD to reduce reported impediments.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

CoC works with many Consolidated Plan areas and mirrors goals. Shared Con Plan actions include: develop CoC systems; CBOs and government collaboration; coordinate effort for Chronic homeless, veterans, domestic violence victims, youth; persons with disabilities; families using. CoC, ESG, HOPWA, CDBG, MHSA, Section 8, State AB109; VASH and NSP. Liaisons work with community stakeholders and groups to create custom plans targeted to subgroups, areas of geographic need, or best-practice interventions. Keys Toolbox (families) endorsed by 15 cities; Home Again (chronic) by 17 cities; the Campaign (vulnerable) business and government; AB109 (Re-Entry) 4 County offices; Mental Health Services Act (serious mental illness), Sexual and Commercial Exploitation; HIV; Veterans Homelessness Prevention; Project 25(frequent users). RCCC co-ordinates CoC with state and local ESG, HOPWA, VASH, WIA funds. Sustainability. RCCC leaders hold seats on planning groups. Formal agreements target public and private resources to CoC Efforts

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

Two PHAs, SD Housing Commission (SDHC) and County SD (HCD) have written agreement with RCC as Lead Agents with active roles in the CoC. HCD is the Collaborative Applicant, SDHC funded RCCC staff in 2013. Each are part of CoC Governance and serve on subgroups for planning, evaluation. They support CoC technical assistance and facilitation and HMIS funding. Six PHA cities are members of the RCCC all adopted the Keys Plan, and participate in the Point In Time or Project Homeless Connect. Four jurisdictions (SD, Oceanside, Chula Vista, County) are formal partners in CoC or ESG grants. PHAs have designated non-CoC resources (Section 8, Choice, VASH, 811, HOME, or general funds) to expand and prioritize affordable units to 800+ homeless households. HCD provides the CoC with 200 'super-preference' vouchers, and non-VASH eligible Veterans in TBRA. SDHC dedicates vouchers for chronic and Project 25.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

RCCC programs include income eligibility and credit checks only as contingent on external requirements. Using non-CoC funds, CSH completed analysis of 18 funded TH projects to identify and recommend remedies for barriers to program access. CoC and VASH meet quarterly to ID barriers and piloted 3 screening clinics with immediate voucher access. In 2014 RCC will foster use of published Nimbyism assessment and training protocols. The "Ready to Rent" training for clients will be explored in 2014. Low cost ID and support for credit check are provided through private resources at Project Homeless Connect.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

More than 75% of existing CoC PSH providers have adopted a housing first approach. Project 25, PATH, Spruce St, Safe Haven and licensed programs serve dual-diagnosed and chronic persons in a Housing First model(HF). 16 existing PSH and two new programs comprise over 400 beds are submitting projects committed to using HF. The Campaign's Blitz week and ongoing efforts embrace HF. The Port Commission tidelands include portions of 5 cities. The Port Commission is researching HF as a best practice strategy and plan to reduce homelessness by 20% in their areas.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

A standardized Collaborative Assessment & Coordinated Entry (CACE) tool and referral plan have been adopted and are attached. All ESG projects region-wide, 211, and a core of voluntary agencies are committed to piloting the integrated tool. The HMIS is capable of supporting CACE for clients and agencies who agree to participate. Four additional services have limited CACE that use standardized assessment tools regionwide. The CTC intake center conducts standardized risk, behavioral health, and housing need assessments to triage and refer to AB109 clients to services matching their needs. 2-1-1 pre-screens by phone for county-services and refers clients to agencies by location for indepth screening and determination housing need; a VA standard acuity scale prioritizes and places veterans in VASH, GNP, recuperative care; County contracts with CSH to coordinate housing for MHSA clients. DV network refer across region. CoC must develop resources to implement countywide coordinated entry component.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

Access is a key RCCC goal. Nonprofit and public agencies offer fair housing outreach services. Non-profit subregion anchors: NC Lifeline, Center for Social Advocacy, South Bay Community Services created a Fair Housing Collaborative, sponsor fair housing education, housing outreach and referral, and monitors fair housing efforts. Housing authorities, Community Action Partnership, and Housing Opportunities Collaborative outreach to households potentially at risk like welfare (FSS) or being evicted. Affirmative Marketing Plans assess local data, to identify groups and communities for targeted outreach. Notices are posted in special media, agencies, and faith centers. RCC members support outreach, help clients to access policies, file complaints, locate housing or legal services. Agencies serving special groups: limited English speakers, refugees; mental, physical or behavioral-health impacted; or violence victims post notices and translate information. 2-1-1 assists via phone.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

RCCC policy requires all HUD-funded programs serving households with children and child-only households: 1) adopt an agency policy that is consistent with the Elementary and Secondary Education Act; 2) to ensure the written policy is filed with the Lead Agent; 3) designate a person to ensure that children are enrolled in school; 4) gives families priority in shelters near their school; 5) helps enroll children escaping Domestic Violence in a school of their choice within the district and establish procedures to protect their safety and rights; 6) assures families receive a letter verifying eligibility for services 7) ensures transportation; 8) formally reviews educational rights with parents; 8) posts Educational Rights 9) provides advocacy when educational rights are violated 10) incorporates education in exit planning with clients 11) training and technical assistance is available. All agencies receive 14 best practices suggestions and the contact persons at local and state levels.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

National Association for the Education of Homeless Children and Youth Task Force, co chaired by RCCC and County Office of Education formally joins CoC and school liaisons. Student Support Services (SDSS) supports schools in implementing Mc Kinney Vento. NAEHCY, CoC, & CoE assist and inform any stakeholders working with homeless children. SDSS directly links to the California Department of Education. Resource guides are distributed through RCCC. SDSS tracks enrollment and responds to educational issues with homeless families, Education liaisons join RCCC members at Project Homeless Connect events to help identify youth and families at risk. NAEHCY website offers information about DOE or sponsor agency training and best practices. CoC Educational Assurance policy and Keys to Housing Website offer notices to the community. School and agency liaisons implement screening for prevention programs. CoC-ESG recipient agencies and their clients follow the adopted Educational Assurances policy.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

RCCC Actions: Educate, assure, and coordinate compliance. RCCC issued a 2012 Fair Housing Practices alert to members. This action sought to educate members. A summary of CoC policies guiding compliance with HEARTH regulations will be prepared, distributed, and posted on the Keys website. To assure compliance, where appropriate, amend agreements with funded agencies to prohibit involuntary separations. Like the Educational Assurances policy, institute RCCC policy requiring HUD- funded CoC and ESG projects to submit a copy of their agency policy for review and post a notice of rights and the agency policy at intake site. Coordinate: Provide assistance to shelter and housing programs in revising program screening practices as needed. Review information and referral protocols of the intake and outreach programs and establish an inter-agency referral network for families. Assess hotel-motel and shelter overflow programs for the potential to designate immediate access units for families.

**3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness.
(limit 1000 characters)**

CoC monitoring during HPRP offers strategies for post-HPRP Rapid Rehousing programs (RRH). HMIS or program records (for DV victims) track returns to CoC housing or services. HPRP data revealed showed clients continued to connect with CBOs for tangible services (food, clothing, transportation) but retained housing. These contacts offer opportunities to use shallow, limited services, and budgeting supports to help clients obtain and retain housing. "Bundling" services (health care, education, employment) increases capacity to retain independent housing. ESG monitoring / evaluation plan can be extended to all RRH.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?

No

**3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 1000 characters)**

Not applicable.

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

Not applicable.

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

**3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals.
(limit 1000 characters)**

Local plans incorporate the strategies of Opening Doors Federal Strategic Plan (FSP): advocacy; prevention, striving for increased economic stability; data driven solutions; housing as a platform for care, PSH, rapid rehousing & prevention, short-term assistance, health care, affirming fair housing, and educational assurances. A Plan to End Chronic Homelessness (PTECH) is lead by a United Way contract. PTECH benchmarks are set for mid-2014. Keys to Housing Toolbox for ending family homelessness by 2020 mirrors FSP, was recognized by USICH, and endorsed by 15 cities. Stakeholder joint sessions with Priority Community Initiative (PCI) TA help align CoC actions and federal goals. Year 2 progress will be reported in 1st Quarter 2014. Community Check-Up Action Plans and PCI are catalysts for new tools & solutions across mainstream and CoC resources. RCC new governance structure includes a local Interagency Council. VA - VASH metrics are on-target.

**3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children.
(limit 750 characters)**

Outreach and early intervention help families. A formerly homeless mother provides outreach. YWCA, SD Youth Services, 211, Interfaith Shelter, and SD Rescue connect families from the streets short term shelter and system access. Transitional units offer extensive services & link to NAEHCY Task Force & school-based efforts. Education and job programs help families move off subsidies (TANF). to self reliance. SBCS does 'in-reach' to schools & police stations. S+C units for disabled, chronic, and SMI. HomeStart & Salvation Army serve pregnant and parenting teens. TACHS, MHS, and Townspeople serve SMI and AOD households. The Center serves LGBT. Life skills, family reunification, education & employment are essential services. Keys Toolbox Resources.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.

(limit 1000 characters)

A coordinated network of domestic violence including human trafficking programs is available throughout CA601. Central Hotline and emergency response systems quickly move victims to safety. Specialty services: DV Response Team (DVRT), Child Abuse Treatment (CHAT), Mi Escuelita therapeutic preschool, Cradle to Career ;Peer Outreach; Police Diversion outstations, REDF job training, are some of the many services customized for DV intervention. State, DOJ,CDBG, HHSA, ESG, NSP, and private resources support 19 housing programs in CoC, including registered safe houses. State ESG funds three DV projects

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.

(limit 1000 characters)

Youth programs offer outreach, connection and early intervention for child only families. YMCA, SDYouth Services, 211, Interfaith Shelter, and SD Rescue connect families from the streets with short term shelter and system access. Transitional units for families offer extensive services & are linked to NAEHCY Task Force & school based efforts. Education, and job programs support families in moving off subsidies (TANF) to self reliance. South Bay Community Services offers 'in-reach' to schools police stations. Shelter Plus supports units for disabled youth and families suffering chronic homelessness HomeStart & Salvation Army serve pregnant and parenting teens. TACHS, MHS, and Townspeople serve SMI and AOD households. The Center serves LGBT families. Independent Living Skills, family reunification, education and employment services are essential services.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.

(limit 750 characters)

Place-based outreach strategies move vulnerable persons off the streets and into permanent housing linked with public rental assistance and mainstream supportive services. The Vulnerability Index was used in two areas to identify high-risk persons. Chronic substance abuse or severe mental illness may access set aside vouchers. Outreach teams, faith-based partners (Uplift, DFA), police HOT, and Psychiatric response teams come together in intensive outreach in the targeted area. Port District supports CoC agency outreach & intervention. SDHC service-enhanced emergency beds support instant access and triage; the Campaign plan (draft) invests in rapid response actions.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

A 'VASH Team' (CoC, ESG, VA-GPD, VA, PHA) meet quarterly. Recuperative care, homeless healthcare, VA, GNP, SSVF, CDBG, HVDP, VA-Safe Haven, and private funds combine to serve veterans. Veterans' services are dispersed yet VA case managers help coordinate access. CBOs include: veteran-dedicated VVSD (5 sites); St. Vincent's in SD, and Interfaith Community Services in 2 subregions. Veteran services are at multi-service sites (emergency, transitional, permanent housing) Community Catalyst is a core SSVF agency. HomeFront prevention serves active duty or disabled military. The system hosts a full regimen of care: employment, emergency services, 185 licensed treatment beds, 5 transitional programs, PSH, reunification for families battling addiction, casework, job training, and "Stand Down". S + C and ESG resources target non-VASH eligible vets. VA street outreach and co-located services move veterans from the street to 'home'. The Campaign Blitz used private funds to move vulnerable vets to PH.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

Not applicable.

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project:
(Sum of All Eliminated Projects)

\$103,456

Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
CENTRO	CA0692L9D011205	TH	\$103,456	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: CENTRO

Grant Number of Eliminated Project: CA0692L9D011205

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: \$103,456

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

Community Housing Works (CHWs) participated in formal Transitional Housing Assessment provided by the Corporation for Supportive Housing for two projects - one TH serving families the other a PSH project for veterans. The projects evaluated objective data, examined barriers to access for veterans, and CoC housing inventory map provided by Priority Community Initiative TA. CHW and RCCC explored housing options for the clients. Based on the assessment and local scoring factors, CHW voluntarily removed the project from the application, reallocating funds to a needed PSH project in the same geographic area.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
\$794,686					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Victorian Heights	CA0713L9D011205	\$86,235	\$86,151	\$84	Regular
Turning Point	CA0553L9D011205	\$177,268	\$177,096	\$172	Regular
Family Living Center	CA0536L9D011205	\$509,247	\$508,728	\$519	Regular
Raymond's Refuge	CA0944L9D011203	\$85,211	\$85,104	\$107	Regular
St. Vincent de Pa...	CA0545L9D011205	\$395,228	\$394,696	\$532	Regular
Casa de Transicion	CA0691L9D011205	\$96,081	\$95,896	\$185	Regular
CRC Libre	CA0704L9D011205	\$54,522	\$54,415	\$107	Regular
Downtown Safe Haven	CA0535L9D011205	\$504,999	\$503,889	\$1,110	Regular
Women's Resource ...	CA0714L9D011205	\$145,427	\$145,091	\$336	Regular
9th & F street	CA0539L9D011205	\$33,075	\$32,997	\$78	Regular
Crisis House Dome...	CA0696L9D011205	\$192,671	\$192,211	\$460	Regular
MHS Housing Plus	CA1163L9D011201	\$81,200	\$80,981	\$219	Regular
Transitional Livi...	CA0552L9D011205	\$1,101,420	\$1,095,456	\$5,964	Regular
Trolley Trestle	CA0712L9D011205	\$96,002	\$95,722	\$280	Regular
Fresh Start	CA0537L9D011	\$613,644	\$611,853	\$1,791	Regular
New Solutions	CA0946L9D011203	\$157,870	\$157,361	\$509	Regular
Take Wing Transit...	CA0548L9D011205	\$86,810	\$86,440	\$370	Regular
FOCUS	CA0698L9D011205	\$295,853	\$294,538	\$1,315	Regular
Genesis I	CA0699L9D011205	\$102,516	\$101,972	\$544	Regular
MHS Next Step	CA0706L9D011205	\$74,195	\$73,760	\$435	Regular
County TRA	CA0694L9D011205	\$623,331	\$619,331	\$4,000	Regular
Las Casitas Perma...	CA0703L9D011205	\$43,097	\$42,788	\$309	Regular
Casa Works for Fa...	CA0711L9D011205	\$81,415	\$80,832	\$583	Regular
North County Safe...	CA0708L9D011205	\$284,552	\$282,511	\$2,041	Regular
Toussaint Academy	CA0551L9D011205	\$398,687	\$395,425	\$3,262	Regular

Refuge Housing	CA0945L9D011203	\$183,012	\$181,491	\$1,521	Regular
Boulevard Apartments	CA0802L9D011204	\$44,707	\$44,221	\$486	Regular
PineView	CA0709L9D011205	\$62,333	\$61,522	\$811	Regular
Veterans Rehabili...	CA0554L9D011205	\$201,100	\$198,065	\$3,035	Regular
Genesis II	CA0700L9D011205	\$63,672	\$62,844	\$828	Regular
County SRA	CA0693L9D011205	\$206,313	\$202,875	\$3,438	Regular
Elderly Center fo...	CA1162L9D011201	\$148,303	\$143,921	\$4,382	Regular
Solutions 4	CA0542L9D011205	\$882,441	\$845,115	\$37,326	Regular
Crisis House Disa...	CA0695L9D011205	\$441,002	\$414,891	\$26,111	Regular
Casa Raphael	CA0818L9D011204	\$157,960	\$147,620	\$10,340	Regular
Substance Abusing...	CA0547L9D011205	\$298,547	\$276,950	\$21,597	Regular
MHS Family Recove...	CA0705L9D011205	\$270,921	\$240,883	\$30,038	Regular
Solutions Consortium	CA0543L9D011205	\$1,684,330	\$1,314,189	\$370,141	Regular
Spruce Street	CA0710L9D011205	\$343,674	\$85,701	\$257,973	Regular
TACHS SSO	CA0550L9D011205	\$73,076	\$73,001	\$75	Regular
HMIS	CA1114B9D011100	\$68,272	\$67,000	\$1,272	Regular

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Victorian Heights

Grant Number of Reduced Project: CA0713L9D011205

Reduced Project Current Annual Renewal Amount: \$86,235

Amount Retained for Project: \$86,151

Amount available for New Project(s): \$84
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 96.5 - Hybrid scoring using objective evaluation of performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Turning Point

Grant Number of Reduced Project: CA0553L9D011205

Reduced Project Current Annual Renewal Amount: \$177,268

Amount Retained for Project: \$177,096

Amount available for New Project(s): \$172
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 96.5 points- Hybrid scoring using objective evaluation of performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Family Living Center

Grant Number of Reduced Project: CA0536L9D011205

Reduced Project Current Annual Renewal Amount: \$509,247

Amount Retained for Project: \$508,728

Amount available for New Project(s): \$519
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 96.26 pts - Hybrid scoring using objective evaluation of performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Raymond's Refuge

Grant Number of Reduced Project: CA0944L9D011203

Reduced Project Current Annual Renewal Amount: \$85,211

Amount Retained for Project: \$85,104

Amount available for New Project(s): \$107
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 95.21 points. Hybrid scoring using objective evaluation of performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: St. Vincent de Paul Village Place

Grant Number of Reduced Project: CA0545L9D011205

Reduced Project Current Annual Renewal Amount: \$395,228

Amount Retained for Project: \$394,696

Amount available for New Project(s): \$532
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 94.87 - Hybrid scoring using objective evaluation of performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Casa de Transicion

Grant Number of Reduced Project: CA0691L9D011205

Reduced Project Current Annual Renewal Amount: \$96,081

Amount Retained for Project: \$95,896

Amount available for New Project(s): \$185
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 93.08 - Hybrid scoring using objective evaluation of performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: CRC Libre

Grant Number of Reduced Project: CA0704L9D011205

Reduced Project Current Annual Renewal Amount: \$54,522

Amount Retained for Project: \$54,415

Amount available for New Project(s): \$107
(This amount will auto-calculate by selecting
"Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 93.0 - Hybrid scoring using objective evaluation of performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Downtown Safe Haven

Grant Number of Reduced Project: CA0535L9D011205

Reduced Project Current Annual Renewal Amount: \$504,999

Amount Retained for Project: \$503,889

Amount available for New Project(s): \$1,110
(This amount will auto-calculate by selecting
"Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 92.42 - Hybrid scoring using objective evaluation of performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Women's Resource Center

Grant Number of Reduced Project: CA0714L9D011205

Reduced Project Current Annual Renewal Amount: \$145,427

Amount Retained for Project: \$145,091

Amount available for New Project(s): \$336
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 92.17 - Hybrid scoring using objective evaluation of performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: 9th & F street

Grant Number of Reduced Project: CA0539L9D011205

Reduced Project Current Annual Renewal Amount: \$33,075

Amount Retained for Project: \$32,997

Amount available for New Project(s): \$78
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 92.08 - Hybrid scoring using objective evaluation of performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Crisis House Domestic Violence

Grant Number of Reduced Project: CA0696L9D011205

Reduced Project Current Annual Renewal Amount: \$192,671

Amount Retained for Project: \$192,211

Amount available for New Project(s): \$460
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 92.0 - Hybrid scoring using objective evaluation of performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: MHS Housing Plus

Grant Number of Reduced Project: CA1163L9D011201

Reduced Project Current Annual Renewal Amount: \$81,200

Amount Retained for Project: \$80,981

Amount available for New Project(s): \$219
(This amount will auto-calculate by selecting
"Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 91.4 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Transitional Living Continuum (TLC)

Grant Number of Reduced Project: CA0552L9D011205

Reduced Project Current Annual Renewal Amount: \$1,101,420

Amount Retained for Project: \$1,095,456

Amount available for New Project(s): \$5,964
(This amount will auto-calculate by selecting
"Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 87.4 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor). Merged Grants reflect average of scores.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Trolley Trestle

Grant Number of Reduced Project: CA0712L9D011205

Reduced Project Current Annual Renewal Amount: \$96,002

Amount Retained for Project: \$95,722

Amount available for New Project(s): \$280
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 91.0 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Fresh Start

Grant Number of Reduced Project: CA0537L9D011

Reduced Project Current Annual Renewal Amount: \$613,644

Amount Retained for Project: \$611,853

Amount available for New Project(s): \$1,791
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 91.0 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: New Solutions

Grant Number of Reduced Project: CA0946L9D011203

Reduced Project Current Annual Renewal Amount: \$157,870

Amount Retained for Project: \$157,361

Amount available for New Project(s): \$509
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 90.5 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Take Wing Transitional

Grant Number of Reduced Project: CA0548L9D011205

Reduced Project Current Annual Renewal Amount: \$86,810

Amount Retained for Project: \$86,440

Amount available for New Project(s): \$370
(This amount will auto-calculate by selecting
"Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 89.1 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: FOCUS

Grant Number of Reduced Project: CA0698L9D011205

Reduced Project Current Annual Renewal Amount: \$295,853

Amount Retained for Project: \$294,538

Amount available for New Project(s): \$1,315
(This amount will auto-calculate by selecting
"Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 88.8 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Genesis I

Grant Number of Reduced Project: CA0699L9D011205

Reduced Project Current Annual Renewal Amount: \$102,516

Amount Retained for Project: \$101,972

Amount available for New Project(s): \$544
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 88.0 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: MHS Next Step

Grant Number of Reduced Project: CA0706L9D011205

Reduced Project Current Annual Renewal Amount: \$74,195

Amount Retained for Project: \$73,760

Amount available for New Project(s): \$435
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 87.5 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: County TRA

Grant Number of Reduced Project: CA0694L9D011205

Reduced Project Current Annual Renewal Amount: \$623,331

Amount Retained for Project: \$619,331

Amount available for New Project(s): \$4,000
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 87.05 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Las Casitas Permanent Supportive Housing

Grant Number of Reduced Project: CA0703L9D011205

Reduced Project Current Annual Renewal Amount: \$43,097

Amount Retained for Project: \$42,788

Amount available for New Project(s): \$309
(This amount will auto-calculate by selecting
"Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 86.5 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Casa Works for Families

Grant Number of Reduced Project: CA0711L9D011205

Reduced Project Current Annual Renewal Amount: \$81,415

Amount Retained for Project: \$80,832

Amount available for New Project(s): \$583
(This amount will auto-calculate by selecting
"Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 86.5 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: North County Safe Haven

Grant Number of Reduced Project: CA0708L9D011205

Reduced Project Current Annual Renewal Amount: \$284,552

Amount Retained for Project: \$282,511

Amount available for New Project(s): \$2,041

(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 86.49 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Toussaint Academy

Grant Number of Reduced Project: CA0551L9D011205

Reduced Project Current Annual Renewal Amount: \$398,687

Amount Retained for Project: \$395,425

Amount available for New Project(s): \$3,262

(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 85.83 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Refuge Housing

Grant Number of Reduced Project: CA0945L9D011203

Reduced Project Current Annual Renewal Amount: \$183,012

Amount Retained for Project: \$181,491

Amount available for New Project(s): \$1,521
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 85.75 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Boulevard Apartments

Grant Number of Reduced Project: CA0802L9D011204

Reduced Project Current Annual Renewal Amount: \$44,707

Amount Retained for Project: \$44,221

Amount available for New Project(s): \$486
(This amount will auto-calculate by selecting
"Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 84.4 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: PineView

Grant Number of Reduced Project: CA0709L9D011205

Reduced Project Current Annual Renewal Amount: \$62,333

Amount Retained for Project: \$61,522

Amount available for New Project(s): \$811
(This amount will auto-calculate by selecting
"Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 83.5 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Veterans Rehabilitation Ctr

Grant Number of Reduced Project: CA0554L9D011205

Reduced Project Current Annual Renewal Amount: \$201,100

Amount Retained for Project: \$198,065

Amount available for New Project(s): \$3,035
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 82.75 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Genesis II

Grant Number of Reduced Project: CA0700L9D011205

Reduced Project Current Annual Renewal Amount: \$63,672

Amount Retained for Project: \$62,844

Amount available for New Project(s): \$828
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 83.5 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: County SRA

Grant Number of Reduced Project: CA0693L9D011205

Reduced Project Current Annual Renewal Amount: \$206,313

Amount Retained for Project: \$202,875

Amount available for New Project(s): \$3,438
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 82.25 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Elderly Center for Supportive Living

Grant Number of Reduced Project: CA1162L9D011201

Reduced Project Current Annual Renewal Amount: \$148,303

Amount Retained for Project: \$143,921

Amount available for New Project(s): \$4,382

**(This amount will auto-calculate by selecting
"Save" button)**

3G-2 Describe how the CoC determined that this project should be reduced.

(limit 750 characters)

Local review 79.35 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Solutions 4

Grant Number of Reduced Project: CA0542L9D011205

Reduced Project Current Annual Renewal Amount: \$882,441

Amount Retained for Project: \$845,115

Amount available for New Project(s): \$37,326

**(This amount will auto-calculate by selecting
"Save" button)**

3G-2 Describe how the CoC determined that this project should be reduced.

(limit 750 characters)

Local review 77.52 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Crisis House Disabilities

Grant Number of Reduced Project: CA0695L9D011205

Reduced Project Current Annual Renewal Amount: \$441,002

Amount Retained for Project: \$414,891

Amount available for New Project(s): \$26,111

(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 75.79 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Casa Raphael

Grant Number of Reduced Project: CA0818L9D011204

Reduced Project Current Annual Renewal Amount: \$157,960

Amount Retained for Project: \$147,620

Amount available for New Project(s): \$10,340

(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 75.27 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Substance Abusing Mentally Ill (SAMI)

Grant Number of Reduced Project: CA0547L9D011205

Reduced Project Current Annual Renewal Amount: \$298,547

Amount Retained for Project: \$276,950

Amount available for New Project(s): \$21,597
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 74.75 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: MHS Family Recovery Center

Grant Number of Reduced Project: CA0705L9D011205

Reduced Project Current Annual Renewal Amount: \$270,921

Amount Retained for Project: \$240,883

Amount available for New Project(s): \$30,038
(This amount will auto-calculate by selecting
"Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review 72.5 - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Solutions Consortium

Grant Number of Reduced Project: CA0543L9D011205

Reduced Project Current Annual Renewal Amount: \$1,684,330

Amount Retained for Project: \$1,314,189

Amount available for New Project(s): \$370,141
(This amount will auto-calculate by selecting
"Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Local review - 68.73 points - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual. S-curve allocation (provided by University of California - Irvine Professor). Project Re-design now under review.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Spruce Street

Grant Number of Reduced Project: CA0710L9D011205

Reduced Project Current Annual Renewal Amount: \$343,674

Amount Retained for Project: \$85,701

Amount available for New Project(s): \$257,973
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review 59.83 points - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor). Investigate move to smaller facility with independent living capacity.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: TACHS SSO

Grant Number of Reduced Project: CA0550L9D011205

Reduced Project Current Annual Renewal Amount: \$73,076

Amount Retained for Project: \$73,001

Amount available for New Project(s): \$75
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Local review - Hybrid scoring using objective evaluation of capacity, performance, leverage, and populations as described in Renewal Project Review and Instructions Manual, and S-curve allocation (provided by University of California - Irvine Professor)

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: HMIS

Grant Number of Reduced Project: CA1114B9D011100

Reduced Project Current Annual Renewal Amount: \$68,272

Amount Retained for Project: \$67,000

Amount available for New Project(s): \$1,272
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Voluntary reduction.

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$898,142

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
51	Landis	PH	\$427,760	Regular
49	ICS RAP	PH	\$199,087	Regular
52	TACHS PSH	PH	\$271,295	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 51

Proposed New Project Name: Landis

Component Type: PH

Amount Requested for New Project: \$427,760

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 49

Proposed New Project Name: ICS RAP

Component Type: PH

Amount Requested for New Project: \$199,087

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 52

Proposed New Project Name: TACHS PSH

Component Type: PH

Amount Requested for New Project: \$271,295

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$898,142
Amount requested for new project(s):	\$898,142
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

RCC assesses project performance through Rating and Review and Steering Group review projects in two stages. 1) "Level 1" team conducts desk monitoring of APR, HIC, A133 audits, and assures that forms and practices conform to policies (SAM, registration, use of eligibility determination, match validation, environmental or housing quality standards, and local policies which occurs mid-year. Projects are required to provide monitoring reports from other funding sources. 2) The annual competitive review process compares the proposed project details and performance objectives to assure that implementation is consistent with the proposal. Spending ratios, bed access, and levels of vacancy are included in the review. CoC facilities may receive environmental and efficiency and HQS audits. HMIS participation and data quality are monitored through quarterly "report cards" available to the Steering Group. RCCC and HUD communicate about monitoring and projects on alert status

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

RCCC has a treasury of knowledgeable stakeholders, consultants, and homeless persons. Trained clinical, health, housing professionals and educators, analysts, public servants, advocates and those with lived experience create capacity for program creation and evaluation. The mission-driven RCCC invests in collaboration. Action groups assess needs and incubate new agencies. "Level 1" agency reports (APR, HIC, UDE, CAPER, audits, site visit and monitoring reports) identify strengths and weaknesses. Best practice guides, group training, regulatory alerts, media updates, consultation, and meetings foster transparent communication. A priority on working together fosters reciprocal learning. Consumer engagement informs project designs. CoC rewards success and new projects and services, allowing time for new projects to solidify and fostering performance. 2013 full funding was recommended for 10 renewal projects: 5 PSH, 3 TH and 2 HMIS, including 2 providers new to CoC in 2011-2012.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

Poor project performance weakens a system of care. Evaluation of outcomes, fiscal capacity, project design and regulations are included in Level 1-Level 2 annual review; CSH formal TH assessments id barriers and suggest redesign. RCC consultants assist with technical support in program redesign. Actions to manage performance: Assess APR, HIC, HMIS data ; Lead agents consult with projects falling below local threshold; discuss program design and factors contributing to low performance; provide information on best practices, sample forms and protocols used by other CoCs in the So. Cal Roundtable. Annual actions can include a corrective action plan which includes mentoring by a high-performing agency. Evaluate progress the next Level 1 review.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

PHAs have dedicated affordable housing and established voucher preference to reduce time spent in homelessness or in shelter settings. Reallocation of 2012 resources and local Housing Commission funds created new Rapid rehousing projects; and Downtown Leadership and Alliance for Regional Solutions

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

CoC efforts to track movement use collaborative project data, hotel-motel voucher tracking, Project 25 client files, and registry week. Each effort tests the ability of the system to track movement of specific clients in and out of CoC housing and services. Hotel-motel vouchers are tracked though central screening through 2-1-1 and validated by payments by the EFSP coordinator. Project 25 compiled a registry of nearly 100 frequent users of emergency services and coordinated efforts to identify the top 35 users as they had contact with hospitals, police, jails, shelter, and mental health services. The project includes meetings of key staff from each system to review service usage. The Campaign Registry week ongoing program tracks 225 persons by name through outreach and service systems in the Central SD. Service Point contains a record listing of known clients which can be searched as the provider creates an entry record, however, the CoC agencies and HMIS have not implemented protocols for use of this feature as a means of tracking client movement through the system. Unduplicated client counts are generated and with AHAR data offer a basis for estimating return levels.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

Outreach in CoC reflects subregion needs using formal and unofficial outreach activities, like: food banks, school liaisons, interfaith networks, domestic violence hot lines, and church ministries, university students or tangible services. Formal outreach: Salvation Army, PATH & Alpha in central; Crisis House in East County; Indigenous Front- Bi-national (BISCC); Bilateral Services Safety Corridor seek immigrant, limited English speakers, and human trafficking victims in South Bay, CARE Coalition reaches day laborers in north inland; Vista Clinic in rural north; Downtown Fellowship and the Civic Clean and Safe focus in Downtown San Diego, SD Youth Services "store front" and Stand Up 4 Kids engage LGBT youth; police 'HOT' & PERT psychiatric response teams and VA Outreach and Community Research Foundation team up in identifying vulnerable and veteran persons. Port District supports 2 outreach workers. 4 Project Homeless Connect events.

4B. Section 3 Employment Policy

Instructions

*** TBD ***

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? Yes

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

The SBCS Landis project includes rehabilitation and commits to 5 Section 3 (Sect 3) strategies including hiring preference, advertisement, and local preference policies used by the City of Chula Vista Home and CDBG programs. The applicant for the second project above \$200,000 is the SD Housing Commission who identifies a management staff responsible for Section 3 actions such as pre-award reviews with potential contractors, job readiness services for residents to participate in projects, collaboration with external community to discover Sect 3 eligible applicants and business including minority and women-owned businesses. As public agents, the City of Chula Vista and the Housing Commission strive to to further Sect 3 opportunities and to assure compliance.

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? Yes

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons: Advertise at social service agencies, Employment/Training/Community centers, local newspapers, Establish a preference policy for Section 3 for competitive contracts >\$100,000, Notify area Youth build programs of job opportunities, Preference policy for hiring low and very low income persons residing in the service area

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	87%
* Homeless assistance providers use a single application form for four or more mainstream programs.	15%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	95%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 07/30/2013

**4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)**

CoC engages in ACA actions at both system and client levels. Organizations such as Catholic Charities are registered as State Certified Application and Enrollment Centers. 211 is an education/outreach service; HHSA includes regional center access and coordination of local health care programs with ACA eligibility. At the client level housing and service agencies support: Client enrollment in Covered Ca program; obtaining ID, mailing address, and access to on-line application. Workshop on ACA at low income Health centers. Webinars support provider training for CA Connect.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

Created RCCC Sustainability Work Group including philanthropy and business to garner funds from private sector foundations and businesses; liaison to County HHSA and Probation to access MHSA and Probation full service partnerships, income navigators, substance abuse treatment and mainstream health services; linked providers with education and information about ACA resources; encouraged registration as ACA assessment entities for state funds; support; coordinate with public regional access centers, communicated with local government and entrepreneurial sources about needs and opportunities when allocating funds like Port District budget; Occupancy Tax; AB109; foster early intervention in health centers; coordinate with VA grant & per diem, recuperative care and safe haven funds; Dept Education and Labor Dept. resources. Encourage client participation in benefit programs. Frequent electronic alerts about potential resources. Provide technical support data for applying for funds.

Attachment Details

Document Description: CA 601 Form 2991 Certificates of Consistency

Attachment Details

Document Description: CA601 Governance Charter, Bylaws, Standards

Attachment Details

Document Description: CA 601 HMIS Governance

Attachment Details

Document Description: CA601 Ren Project Rating

Attachment Details

Document Description: CA 601 Protocol for Funding Cuts

Attachment Details

Document Description: CA601 PSH Policy, Priority Llist, and Housing
First List

Attachment Details

Document Description: CA 601GIW - HUD Approved

Attachment Details

Document Description: CA601 Project Priority Rank Listing

Attachment Details

Document Description: CA 601 Committee Roster Names & Structure

Attachment Details

Document Description: SD HMIS Policies and Procedures

Attachment Details

Document Description: CA 601 Collaborative Assessment

Attachment Details

Document Description:

Attachment Details

Document Description: CA601 Public Solicitation and Postings

Submission Summary

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3F. Grant(s) Eliminated	02/01/2014
3G. Grant(s) Reduced	02/01/2014
3H. New Project(s)	01/22/2014
3I. Balance Summary	No Input Required
4A. Project Performance	02/01/2014
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